

**BUREAU OF MONITORING AND AUDIT
SELF-INSURANCE SECTION**

RE-APPLICATION FOR SELF-INSURANCE BY PREVIOUSLY SELF-INSURED ENTITY WHICH RESTRUCTURED

INSTRUCTIONS

All information entered on this application must be typewritten and the application and all accompanying documents must be filed in duplicate to: Self-Insurance Section, P.O. Box 5497, Tallahassee, Florida 32314-5497. All financial information submitted with this application must be prepared in accordance with United States Generally Accepted Accounting Principles. Three years of audited financial statements or pro forma financial statements, reviewed by an independent Certified Public Accountant in accordance with Statement on Standards for Accountants Services on Prospective Financial Information, Financial Forecast and Projections, must accompany this application. All financial information submitted with this application must be in the name entered on Line 1 below.

The undersigned employer (hereinafter referred to as the applicant), an employer subject to the provisions of the Florida Workers' Compensation Law, hereby makes application for the status of a self-insurer in order to pay compensation directly. In connection with such application, the applicant makes the following declarations for the purpose of enabling the Division of Workers' Compensation (hereinafter referred to as the Division) to make a finding of facts as to whether the applicant meets the qualifications for self-insurance established in Rule Chapter 4L-5, Florida Administrative Code.

The division will review this application and accompanying documents and will advise the applicant in writing of any additional requirements imposed by Rule Chapter 4L-5. All requirements shall be fulfilled prior to the division's approval of this application. The approval or denial of this application is governed by Sections 120.57 and 120.60, Florida Statutes and the applicable rules of procedure. In the event this application is denied, the applicant shall have the right to request an administrative hearing on the denial of the application in accordance with Sections 120.57 and 120.60, Florida Statutes. If all requirements to self-insure are not met within 30 days of the date of application, the division reserves the right to deny this application without prejudice.

1. Name of Applicant _____

2. Applicant's Federal Employer Identification Number _____

3. Address - Principal Office _____

3a. Telephone number _____

4. Attach a list of all subsidiary or affiliated companies which are to be included under the applicant's self-insurance privilege. Indicate the percentage ownership of the applicant in each subsidiary or affiliated company. Include the address of each Florida location for each subsidiary or affiliated company.

5. Applicant is a (check one): corporation , partnership , individual proprietorship ,
or other _____

Attach proof that applicant or subsidiaries are registered Florida corporations.

6. Name of employee who will coordinate self-insurance program _____

6a. Title: _____

6b. Address if different from #3 above _____

6c. Telephone number if different from #3a above _____

7. Applicant's primary Standard Industrial Classification Code _____
8. Year business established _____. If a corporation, under laws of what state? _____
9. Attach a completed Certification of Servicing (Form SI-19).
10. Attach a copy of at least your current experience modification rating, past two(2) if available.
11. Give the following estimated payroll information for your first 12 months of self-insurance. Provide the payroll classifications assigned to your operations using the classification system established by the National Council on Compensation Insurance.

AMOUNT OF PAYROLL BY OCCUPATIONAL CLASSIFICATION				FOR DIVISION USE ONLY	
No. of Employees	Occupation	Payroll	Payroll Class.	Manual Annual Rate Premium	Gross

Total Premium \$ _____

12. If a corporation, attach a list of the name and residence of each corporate officer; if a partnership, the name and residence of each partner; if an individual proprietorship, the name and residence of the owner.
13. If a limited partnership, give the date of formation and duration of partnership. _____
14. Is the applicant a subsidiary? _____ If so, give the name and address of parent company _____

15. In consideration of the approval of this application, the applicant hereby expressly understands and agrees to the following:

- a. To maintain such cash security deposits or surety bonds and excess insurance as required by the rules of the division.
- b. To abide by all provision of Chapter 440, Florida Statutes, the Florida Workers' Compensation Law and all rules of the division.
- c. That the privilege to self-insure may be revoked for cause at the discretion of the division as provided by Section 440.38, Florida Statutes.
- d. To fully discharge by cash payments all amounts required to be paid by the provisions of the Workers' Compensation Law within the time periods prescribed by law.
- e. To pay to the division all assessments required by Chapter 440, Florida Statutes.
- f. To pay to the Florida Self-Insurers Guaranty Association, Inc. all assessments required by Section 440.385, Florida Statutes and Plan of Operation of the Florida Self-Insurers Guaranty Association, Inc.

- g. That the self-insurance privilege extended upon approval of this application applies only to the applicant and such businesses or subsidiaries in which it has a majority ownership interest and which are included on this application.
- h. That other businesses or subsidiaries in which the applicant has majority ownership interest may be included under its self-insurance privilege upon written notification to the division and after submitting such financial information and entering into indemnification agreements as the division may require.
- i. That the self-insurance privilege extended upon approval of this application will be revoked by the division when the majority ownership interest of the applicant changes from that indicated by its application. That is, if the applicant is sold, merged, dissolved or otherwise changes its ownership interest to the extent that the financial information upon which the self-insurance privilege was granted can no longer be used to determine the applicant's financial ability to pay compensation benefits promptly in accordance with the law.

I, _____, certify that all businesses included under this application are in compliance with the coverage requirements of the workers' compensation law contained in Section 440.38(1), Florida Statutes and that all such businesses will remain in compliance with this section pending approval of this application. I further certify that all information contained in this application is true and correct to the best of my knowledge.

_____ Applicant
(Employer Name)

By _____
(Signature)

Title _____
(Owner, Partner or Corporate Officer)